



COMMENTS ON THE 1115 WAIVER DRAFT APPLICATION January 22, 2014

The Illinois Association of Community Care Program Homecare Providers is an Association comprised of the Illinois Department on Aging's Community Care Program. Here are our comments and concerns regarding the Draft language on the 1115 Waiver application.

- 1) We initially stated in our comments regarding the concept paper, we have grave concerns regarding the combination of the IDoA CCU and the DORS HSP programs and the type of system they employ to provide services to the participants. In the Homemaker definition, it appears that the favored process is the Personal Assistant program that due to the nature of the aged population that we serve does not provide the services that they need and require.
- 2) How can this Personal Assistant-centric direction for homecare services in the state of Illinois provide greater benefit to the current elderly population, when the data indicates a three-decades-plus continuous downward trend in state-funded nursing home residency by elderly Medicaid recipients? Furthermore, in contrast to a decentralized Personal Assistant system, contracted homecare agencies work in tandem with Care Coordination Units and increasingly Managed Care Organization case managers to report changes in client condition to provide coordination of additional social or medical services. This early intervention achieves better health outcomes and lower overall cost of care
- 3) Within the definition of the Homemaker services we are recommending that the definition be taken from the Illinois Administrative Code Administrative Code, Title 89, Chapter II, Part 240, Section 240.210. This definition is also reflected in the 1915 c waiver definitions and has proven quite successful over the years.
- 4) How can this Personal Assistant-centric direction for Illinois' homecare services be cost effective when the current monthly service cost maximums for the Home Services Program's Personal Assistant services are more than double that of the Community Care Program's agency-based homecare? While the in-home care assistance provided by Personal Assistants and agencies are similar in that they address the fundamental Activities of Daily Living and Instrumental Activities of Daily Living, when monthly service

spending for these two services is converted into hours of care, the disparity is greater, clearly indicating the difference between a need for hours based attendant-care service, rather than task-based assistance with personal and homecare needs.

- 5) In the definition, it states that Personal Assistant services will only be provided “when it has been determined by the case manager that the consumer has the ability to supervise the personal care provider.” How does the state propose to determine “ability” in such a way that it is objectively measured and consistent across the multitude of case managers making this decision? And how does the state propose to deal with the elderly consumers who may be determined “able” but do not wish to incur the responsibility of being the day-to-day supervisor/employer of their homecare worker?
- 6) The draft definitions suggest that “self-direction” is only present in Personal Assistant services. However, agency-based homecare already provides the consumer with choice in regards to their homecare worker, schedule options and flexibility, how the care plan is specifically delivered on a daily basis, and control in the direction of the home care aide in the delivery of care plan tasks. Agency-based homecare providers also provide a standing and consistent back-up plan in the event a regularly assigned worker is unavailable to provide service.
- 7) In the 1115 draft, the Workforce Pathway to Transformation emphasizes “education, training, and ability to meet standard credentialing requirements including appropriate certification and licensure.” Agency-based homecare as currently operating within the Illinois Department on Aging’s Community Care Program, requires agency management certification, mandates minimum educational/experience requirements for both homecare workers and administrative supervisors, criminal background checks, pre-service training for homecare workers and ongoing annual in-service training for direct care and administrative employees. In addition, current agency-based homecare requirements for ongoing supervision and support for homecare workers (e.g., quarterly conferences between homecare workers and supervisors, semi-annual to quarterly client in-home visits, electronic visit verification, annual evaluations) are all essential safeguards to ensure quality service and appropriate usage of state monetary resources.
- 8) We also recommend that more detail in the operational aspect of the 1115 waiver be put in the application for the combining of services now rather than awaiting a later date. There has been a lot of changes to the social programs in the state in the past year and because of waiting until later for the operational imperatives, we feel that perhaps more attention needs to be dedicated to this aspect.

- 8) Understanding the ability to add more to the waivers with the increase in the Medicaid population due to the Affordable Care Act expansion, we feel that the aggressive timetable represents a hasty process and that care must be taken in the process to afford a detailed and efficient waiver program for the State of Illinois.

Thank you for the opportunity to provide comments on the Draft Application of the 1115 Waiver for the State of Illinois.

If you have any further questions or concerns please contact Robert W Thieman, CAE, IACCPHP Executive Director at rthieman@idoahomecare.org, phone number (217) 529-6503.

Respectfully Submitted for the IACCPHP

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